Item 899 S9.10:9504

TREATIES AND OTHER INTERNATIONAL ACTS SERIES 9504

55-473/858 -92358-1 1709 GP00/171 cipit Rev.1/6 GB 7047727

PRIMARY HEALTH CARE

f-5)---

Agreement Between the
UNITED STATES OF AMERICA
and the SUDAN

Medical care 181 fr Public health laws

Signed at Khartoum August 30, 1978

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SUDAN

Primary Health Care

Agreement signed at Khartoum August 30, 1978;
Entered into force August 30, 1978.

PROJECT

GRANT AGREEMENT

BETWEEN

THE DEMOCRATIC REPUBLIC OF THE SUDAN

and the

UNITED STATES OF AMERICA

for

PRIMARY HEALTH CARE - PART II

(Northern Provinces)

Khartoum, Sudan

August 30, 1978

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[1] Not printed herein. The annex is deposited in the archives of the Department of State where it is available for reference.

Annexes:

1. Amplified Project Description

   Attachment I: Project Financial Plan

A.I.D. Project No. 650-0011

Project Grant Agreement

August 30, 1978

Between

The Democratic Republic of the Sudan

and

The United States of America, acting through the Agency for International Development ("A.I.D.").

Article 1: The Agreement

The purpose of this Agreement is to set out in the context of the Economic, Technical, and Related Assistance Agreement (Bilateral Agreement) between the parties named above ("Parties"), dated March 31, 1958,[1] and reaffirmed by exchange of notes June 16, 1973, the understandings of the parties with respect to the undertaking by the Grantee of the Project described below, and with respect to the financing of the Project by the Parties.

Article 2: The Project

SECTION 2.1. Definition of the Project. The Project, which is further described in Annex 1, will assist the Grantee to develop a delivery system for the provision of primary health care service to the rural population of certain provinces in the Northern Region of the Sudan. A.I.D. will assist by financing related technical assistance, training, commodities and supplies, and construction of primary health care units. Annex 1, attached, amplifies the above definition of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in Annex 1 may be changed by written agreement of the authorized representatives of the Parties named in Section 8.3, without formal amendment of this Agreement.

SECTION 2.2. Incremental Nature of Project.

(a) A.I.D.'s contribution to the Project will be provided in increments, the initial one being made available in accordance with Section 3.1 of this Agreement. Subsequent increments will be subject to availability of funds to A.I.D. for this purpose, and to the mutual agreement of the Parties, at the time of a subsequent increment, to proceed. It is further anticipated that, subject to the above qualifications, AID's overall contribution to the project will total $5,863,000.

[1] TIAS 4014, 4085; 9 UST 343, 1079.

(b) Within the overall Project Assistance Completion Date stated in this Agreement, A.I.D., based upon consultation with the Grantee, may specify in Project Implementation Letters appropriate time periods for the utilization of funds granted by A.I.D. under an individual increment of assistance.

Article 3: Financing

SECTION 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D. pursuant to the Foreign Assistance Act of 1961, as amended, [1] and the Bilateral Agreement agrees to grant the Grantee under the terms of this Agreement not to exceed one million, nine hundred thousand United States ("U.S.") Dollars ($1,900,000)("Grant"). It is anticipated that A.I.D. will make available additional funds for the Project in subsequent years subject to Section 2.2. of this Agreement.

The Grant may be used to finance foreign exchange costs, as defined in Section 6.1., and local currency costs, as defined in Section 6.2., of goods and services required for the Project.

SECTION 3.2. Grantee Resources for the Project

(a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.

(b) The resources provisionally allocated in the National Six Year Plan by the Grantee for the life of Project will be approximately equivalent to U.S. $22,600,000 including costs borne on an "in-kind" basis.

SECTION 3.3. Project Assistance Completion Date

(a) The "Project Assistance Completion Date" (PACD), which is June 30, 1982, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.

(b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of the Grant for services performed subsequent to the PACD or for goods furnished for the Project, as contemplated in this Agreement, subsequent to the PACD.

[1] 75 Stat. 424; 22 U.S.C. § 2151 note.

(c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters are to be received by A.I.D. or any bank described in Section 7.1. no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D., giving notice in writing to the Grantee, may at any time or times reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, were not received before the expiration of said period.

Article 4: Conditions Precedent to Disbursement

SECTION 4.1. First Disbursement. Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D., a statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2., and of any additional representatives, together with a specimen signature of each person specified in such statement.

SECTION 4.2. Notification. When A.I.D. has determined that the condition precedent specified in Section 4.1. have been met, it will promptly notify the Grantee.

SECTION 4.3. Terminal Dates for Conditions Precedent.

(a) If the condition specified in Section 4.1. has not been met within 90 days from the date of this Agreement, or such later date as A.I.D. may agree to in writing, A.I.D., at its option, may terminate this Agreement by written notice to Grantee.

Article 5: Special Covenants

SECTION 5.1. Project Evaluation. The Parties agree to establish an evaluation program as described in Annex 1 and as may be more fully described in subsequent correspondence between the Parties. Except as the Parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter:

(a) evaluation of progress toward attainment of the objectives of the Project;

(b) identification and evaluation of problem areas of constraints which may inhibit such attainment;

(c) assessment of how such information may be used to help overcome such problems; and

(d) evaluation, to the degree feasible, of the overall development impact of the Project.

SECTION 5.1.1. Environmental Examination. The Cooperating Country and A.I.D. agree that except as A.I.D. may otherwise agree in writing, prior to undertaking construction of any PHCU financed by A.I.D., an evnironmental examination(s) will be undertaken as required by A.I.D. Regulation 16 and the results of such examination(s) will be taken into account in determining whether to construct that facility.

SECTION 5.2. Input Plan. The Grantee covenants to submit to A.I.D. for its approval, within 90 days from the date of this Agreement or such later date as the Parties may agree in writing, a projected schedule for the provision by the Grantee of Project inputs and recurrent cost support for the Project. This schedule may be modified from time to time as the Parties deem necessary.

SECTION 5.3. Construction Financing. Except as otherwise agreed to by the Parties in writing, the Parties agree that financing for the construction of the Primary Health Care Units (PHCUs) will be accomplished on a Fixed Amount Reimbursement (FAR) basis, more fully described in Annex 1 hereto.

SECTION 5.4. Project Support. The Grantee covenants that it will make available on a timely basis, adequate office space, secretarial and other such local support for A.I.D.-financed technical assistance personnel as may be reasonably required.

SECTION 5.5. Vehicle Maintenance and Use. The Grantee covenants, with regard to vehicles financed by A.I.D., to:

(a) maintain such vehicles;

(b) provide adequate fuel supplies and spare parts for such vehicles; and

(c) except as A.I.D. may otherwise agree in writing, use such vehicles only for Project purposes.

SECTION 5.6. Counterpart Personnel. The Grantee covenants that it will provide, on a timely basis, all qualified counterpart personnel required to work with the A.I.D.-financed advisors.

SECTION 5.7. Construction Site Selection. The Grantee covenants that it will select sites for the PHCUs in accordance

with the procedures and environmental and site selection criteria set forth in Article C of Annex 2 hereto. The Parties agree that, unless A.I.D. otherwise agrees in writing prior to undertaking construction of any PHCU, an environmental examination(s) will be made as required by A.I.D. regulations and the result of such examination(s) will be taken into account in determining whether to construct that facility.

SECTION 5.8. Pharmaceuticals and Other Supplies and Equipment. The Grantee covenants to take such steps as are necessary to ensure that Project financed facilities will be adequately maintained and that necessary drugs, pharmaceuticals and other supplies and equipment will be provided on a continuing and timely basis.

SECTION 5.9. Project Coordination. The Parties agree to take such steps as are necessary to effectively coordinate the activities under the Northern and Southern Sudan Primary Health Care Projects.

SECTION 5.10. Training. The Grantee covenants that it will make available for training as Community Health Workers and Nomadic Community Health Workers adequate numbers of qualified personnel on a timely basis.

SECTION 5.11. Staffing of PHCUs. The Grantee covenants to take such steps as are necessary to ensure that PHCUs are staffed promptly after the facility is completed and supplies and equipment are in place.

Article 6: Procurement Source

SECTION 6.1. Foreign Exchange Costs. Disbursements pursuant to Section 7.1. will be used exclusively to finance the costs of goods and services required for the Project having their source and origin in the United States (Code 000 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or contracts entered into for such goods or services)("Foreign Exchange Costs"), except as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, Section C.1(b) with respect to marine insurance.

SECTION 6.2. Local Currency Costs. Disbursements pursuant to Section 7.2. will be used exclusively to finance the costs of goods and services required for the Project having their source and, except as A.I.D. may otherwise agree in writing, their origin in Sudan.

Article 7: Disbursement

SECTION 7.1. Disbursement for Foreign Exchange Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Foreign Exchange Costs of goods or services required for the Project in accordance with the terms of this Agreement, by such of the following methods as may be mutually agreed upon:

(1) by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, (A) requests for reimbursement for such goods or services, or, (B) requests for A.I.D. to procure commodities or services in Grantee's behalf for the Project; or

(2) by requesting A.I.D. to issue Letters of Commitment for specified amounts (A) to one or more U.S. banks, satisfactory to A.I.D., committing A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, under Letters of Credit or otherwise, for such goods or services, or (B) directly to one or more contractors or suppliers, committing A.I.D. to pay such contractors or suppliers for such goods or services.

(b) Banking charges incurred by Grantee in connection with Letters of Commitment and Letters of Credit will be financed under the Grant unless Grantee instructs A.I.D. to the contrary. Such other charges as the Parties may agree to may also be financed under the Grant.

SECTION 7.2. Disbursement for Local Currency Costs

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for Local Currency Costs required for the Project in accordance with the terms of this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, request to finance such costs.

(b) The local currency needed for such disbursements may be obtained:

(1) by acquisition by A.I.D. with U.S. Dollars by purchase or from local currency already owned by the U.S. Government; or

(2) by A.I.D. (A) requesting the Grantee to make available the local currency for such costs, and (B) thereafter making available to the Grantee, through the opening or amendment by A.I.D. of Special Letters of Credit in favor of the Grantee or its designee, an amount of U.S. Dollars equivalent to the amount of local currency made available by the Grantee, which dollars will be utilized for procurement from the United States under appropriate procedures described in Project Implementation Letters.

The U.S. dollar equivalent of the local currency made available hereunder will be, in the case of subsection (b)(1) above, an amount calculated at the rate of exchange specified in the applicable Special Letters of Credit Implementation Memorandum as of the date of the opening or amendment of the applicable Special Letters of Credit.

SECTION 7.3. Other Forms of Disbursement. Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

SECTION 7.4. Rate of Exchange. Except as may be more specifically provided under Section 7.2., if funds provided under the Grant are introduced into the Sudan by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of the Sudan at the official rate of exchange.

Article 8: Miscellaneous.

SECTION 8.1. Communications. Any notice, request, document, or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram or cable, and will be deemed duly given or sent when delivered to such party at the following address:

To the Grantee: Ministry of National Planning

Mail Address: Khartoum, Sudan

Alternate address for cables: N/A

To A.I.D.:

Mail Address: U. S. Agency for International Development
c/o American Embassy
P.O. Box 699
Khartoum, Sudan

All such communications will be in English, unless the Parties otherwise agree in writing. Other addresses may be substituted for the above upon the giving of notice. The Grantee, in addition, will provide U.S.A.I.D. Mission with a copy of each communication sent to A.I.D./Washington, D.C.

SECTION 8.2. Representatives. For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting as Under-Secretary, Ministry of National Planning

and A.I.D. will be represented by the individual holding or acting in the office of A.I.D. Representative, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Section 2.1. to revise elements of the amplified description in Annex 1. The names of the representatives of the Grantee, with specimen signatures, will be provided to A.I.D., which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of their authority.

SECTION 8.3. Standard Provisions Annex. A "Project Grant Standard Provisions Annex" (Annex 2)[1] is attached to and forms part of this Agreement.

IN WITNESS WHEREOF, the Grantee and the United States of America, each acting through its duly authorized representative, have caused this Agreement to be signed in their names and delivered as of the day and year first above written.

DEMOCRATIC REPUBLIC OF THE SUDAN

BY: _____ [2]
Under-Secretary
Ministry of National Planning

UNITED STATES OF AMERICA

BY: Richard W. Bogosian [3]
Charge d'Affaires

[1] See footnote 1, p. 3.
[2] R. Abdel Wahab.
[3] Richard W. Bogosian.

Annex 1

AMPLIFIED PROJECT DESCRIPTION

This amplified project description elaborates on the description provided in Section 2.1 of this Agreement. Except as may be otherwise stated in this Annex, elements of the amplified description may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2 without formal amendment of this Agreement provided that any such change is made within the limits of the definition of the Project as set forth in Section 2.1.

I. Project Description

The project will focus primarily on the development and implementation of the Government's Primary Health Care Program (PHCP) in the Northern Region of Sudan. The underlying theme of this Program is the delivery of a balanced program of curative, promotive and preventive care to the people of Sudan - particularly the rural poor and the nomads. The PHCP consists of four key components:

- Community Health Workers (CHW) and Nomad Community Health Workers (NCHW), who will provide simple curative and preventive services, and participate in promotive health programs;

- Primary Health Care Units (PHCU), which are small health facilities serving a population of approximately 4,000 persons, and are staffed by the CHWs;

- a logistics/supply system which will provide equipment, drugs and supplies to the CHWs, NCHWs, and PHCUs;

- a health and management information system which will collect data on the health problems, services delivered, and supplies utilized at the PHCU.

The project will support these program activities in the Northern Region of Sudan, particularly in its four poorest provinces.

The program functions, generally, as follows:

The CHW is selected by the community, the local government and the Ministry of Health from among persons with junior secondary school education. After receiving nine months of training the CHW is assigned to a Primary Health Care Unit. The PHCU is a relatively simple health facility built to serve approximately 4,000 persons living within a radius of about 10 miles. It is

the most peripheral facility in the health delivery system. Five such units and their CHWs are supervised by a Medical Assistant operating from a dispensary which, together with the five PHCUs, comprise a Primary Health Care Complex.

One important aspect of the PHCP is the attention paid to the health needs of the nomad population. Under the PHCP a separate category of health worker is trained - the Nomad Community Health Worker. This person is concerned with the special health problems of nomads and is responsible for providing minimal health care to approximately 1,500 persons. The NCHW does not work from a static facility but follows the movements of the tribe. Both the CHWs and NCHWs are responsible for:

a) promotion of health in the community by improving rural sanitation, instituting village refuse disposal, fostering safe water supplies and better nutrition based on local foods;

b) stressing preventive medicine through health education and assistance in immunization campaigns; and

c) provision of curative care limited to ten or twelve locally important diseases.

II. The A.I.D. Assistance

In support of Sudan's Primary Health Care Program, A.I.D. will provide the following assistance (commitment of funds by A.I.D. for the project above the amount obligated by this Agreement is subject to the availability to A.I.D. of funds and mutual agreement of the parties to this Agreement to proceed):

1. Technical Assistance

AID will provide 140 person/months of technical assistance over three years to this project. Long-term assistance will constitute 108 months and short-term assistance 32 months.

a) A long-term community health medical advisor (36 person/months) will serve as a counterpart to the Director General for Rural and Provincial Affairs, Ministry of Health (MOH). Together they will assist overall policy direction of the PHCP. The community health advisor, in addition to assisting in directing the PHCP, will be expected to assist the MOH in coordinating other donor inputs to the overall national health priorities of the Government.

b) A logistics and supply expert (36 person/months) will work in the MOH for the Director General of Supply and Logistics.

This advisor will assist the MOH to develop a viable logistics/supply system for the PHCP. Since the contractor providing the technical assistance team will be responsible for order and delivery of all U.S.-funded vehicles to this project, the logistics/supply advisor will be responsible for ensuring that delivered vehicles are assigned to both central and provincial offices based on priority needs of the PHCP.

c) A vital statistics expert (36 person/months) will assist the MOH to improve its ability to obtain vital statistics in the Sudan. The Director General of Statistics, MOH, will direct this advisor's efforts to develop a national health statistics information system which will utilize the PHCP as a key element in gathering the required data.

d) Approximately 27 person/months of short-term advisory services to the project are being provided to respond to specific needs of the MOH in developing appropriate responses to health program requirements in the PHCP and other areas of national concern including endemic and communicable disease control and information system development (excluding vital statistics).

e) Funds are also provided for approximately 4-1/2 person/months of short-term advisors to assist in the mid-project evaluation which will be conducted at the end of the second year.

2. Training

The training inputs to the project include:

a) Three long-term participants will be selected by the MOH each to receive 12 months' training in the U.S. Each participant will be expected to obtain an M.A. or equivalent degree and return to an ongoing position in the MOH. The participants will study in three specific areas -- statistics, public health, and logistics/management -- in order to take over the responsibilities of the three long-term U.S. advisors upon their departure.

b) Short-term, In-country, or Third Country training will most likely take place at the Public Health Institute in Cairo; however, other appropriate institutions may be selected by the MOH. This short-term training component will focus on upgrading the public health and managerial background of provincial and regional medical assistants and tutors. Training will be offered to 36 such officials (12 each year of the project) for approximately 8 weeks each.

c) Short-term U.S. training will be offered to selected MOH personnel including assistant commissioners, deputy assistant

commissioners and health personnel from MOH headquarters for up to three months per particpant. The project will fund up to four participants each year (12 over life of the project) with final selection of the candidates and courses of study to be decided upon by the MOH, AID-funded project advisors, and USAID/S's project manager after review of the manpower training needs of the MOH and the PHCP.

d) In-Country training to be funded by AID consists of two types: 1) reorientation training for health supervisory personnel and other personnel rendering health services in rural areas; and 2) refresher courses for community health workers.

The reorientation training is designed to give provincial health personnel above the CHW level a brief but detailed ten-day course on the PHCP. Course participants will be fully briefed on their role in primary health care, the capabilities and responsibilities of the CHWs, and the commitment and plans of the GOS PHCP through 1984. Presently, project plans call for 103 sessions with 40 participants in each session in order to provide one-time training to these key provincial health employees.

Refresher training is also designed to be a one-time training effort that will reach each CHW after having received the nine-month basic CHW training and after having been in the field for one year. The course is an opportunity to assist CHWs address the medical problems they have had to deal with over the previous year. Over three years, it is estimated that 28 ten-day courses will be held with CHWs in each course.

3. Commodities/Supplies

Project commodities and supplies financed by A.I.D. include the following:

a) 50 vehicles - each of the twelve Northern provinces will receive, for use in the PHCP, two 4-5 ton capacity trucks and two four-wheel drive vehicles. Additionally, two vehicles will be for the use of the MOH in Khartoum or other locations as may be mutually agreed upon. Each vehicle will be supplied with an initial stock of spare parts up to 20% of the value of the vehicle.

b) data forms - approximately $150,000 of project funds will be used to print and distribute the data forms developed by the MOH and World Health Organization.

c) photocopy machine - for use in the MOH.

d) drug and equipment supplies - approximately $417,000 of project funds will be utilized to procure certain drug and equipment supplies. These commodities will be used in the provinces of North Kordofan, South Kordofan, North Darfur, and South Darfur to stock, on a one-time, start-up basis, the PHCUs constructed with A.I.D. funds and as a one-time initial supply of equipment and drugs for approximately 600 NCHWs in this region. Recurrent costs of resupplying these units and health workers will be the responsibility of the Government.

4. Construction

A.I.D. will finance the construction of 35 PHCUs in the above named four provinces.

III. The Government's Contribution

In addition to meeting the recurrent costs of the PHCP as a whole, the Government will provide, for this project, recurrent and other costs, including salaries, for personnel trained under the project; vehicle maintenance, fuel and driver salaries associated with the A.I.D.-financed vehicles; and recurrent equipment and drug supplies for A.I.D.-constructed PHCUs.

IV. Implementation

1. Procurement

Technical assistance provided under the project will be procured by means of a direct A.I.D. contract with an appropriate U.S. institution or firm. The procurement of this contractor will be done in cooperation with the Government and MOH and will be in accordance with standard A.I.D. procedures as these may be described in subsequent PILs.

Training will be coordinated between the Ministry, A.I.D., and the technical assistance contractor, standard A.I.D. procedures with regard to participant training will be applicable.

Commodities, aside from project vehicles, will be procured by such means as the Government and A.I.D. may agree. It is presently anticipated that the technical assistance contractor will undertake to assure effective delivery of the project vehicles ordered by USAID.

2. Disbursement

Disbursements to finance the technical assistance contractor will be made in accordance of the provisions of the A.I.D. contract with the firm or institution selected to do the work.

The construction component of this project will be financed using the Fixed Amount Reimbursement (FAR) method. Under the FAR method of financing the Government may claim reimbursement of a fixed amount for each PHCU completed in accordance with plans and specifications previously approved by A.I.D. For PHCUs begun in FY 1979 the Government may claim reimbursement of the Sudanese pound equivalent of $25,398 for each unit satisfactorily completed. For PHCUs begun in 1980, the Sudanese pound equivalent of $30,778 may be so claimed. A.I.D. may advance to the Government an amount up to 50 percent of the cost of each unit to be constructed. Thus, the amount actually reimbursed to the Government upon completion of construction will be the amounts stated above less any advance. Advances may be obtained in accordance with procedures which will be described in PILs but, generally, only after all relevant conditions precedent have been satisfied and after A.I.D. has approved construction plans and specifications and an adequate and acceptable site(s) has been selected.

3. Evaluation

Two project evaluations are scheduled:

- an interim evaluation at month 24, and
- a final evaluation at month 36.

a) Interim Evaluation

This evaluation will address progress at the central and northern regional level.

The analysis will concern itself with the four key elements of this project:

- training/reorientation/refresher course for CHWs, NCHWs and their supervision,
- construction of PHCUs,
- development of a functioning logistics supply system,
- implementation of a health data and management information system.

An additional important element of the evaluation will involve assessment of CHW community promotive and preventive activities. These will include such efforts as vector control work, health education talks and immunization team activities.

Month 24 has been selected for this evaluation as a significant number of CHWs and NCHWs will have been trained and posted, and PCHUs built. The accompanying logistics/supply and health data systems should also have begun operations.

Of great assistance to this evaluation effort will be the fact that PHCP pre-implementation baseline studies have already been performed by the Government. The first follow-up studies will have been conducted, and the results will be available to the evaluation effort.

The interim evaluation of the project at month 24 will be conducted with the participation of A.I.D., the Government, and outside professional expertise in the field of rural health systems in developing countries.

b) Final Evaluation

The final evaluation will focus on:

- institutional and systems accomplishments during the life of the project, reflecting progress since the interim evaluation,

- an impact analysis of the entire network and its effect on the delivery of health care to the poor in Northern Sudan.

The impact analysis will measure achievement of project purposes and goals. It may be possible to perform additional impact analyses of certain baseline vital statistics data such as infant mortality and death rates. These analyses will depend on the completeness of a planned baseline study to be conducted in the North and South with the assistance of IDRC. This baseline study is scheduled to be conducted in 1978 and be repeated again 20 months later.

V. Financial Plan

The table below (Attachment I) represents a planned schedule of obligations, by project input, for the A.I.D. and Government of Sudan contributions to the project. The A.I.D. contribution to the project, beyond the amount obligated by this Agreement, is subject to the availability to A.I.D. of funds and the mutual agreement of the Parties to proceed with the project.

Attachment I

PROJECT FINANCIAL PLAN
(Dollars-Thousands)

As of August 1978

Project No. 650-0011

Project Inputs	Cumulative Obligations/ Commitments as of August, 1978				Future Years Anticipated Obligations				TOTAL			
	AID		Grantee		AID		Grantee		AID		Grantee	
	(FX)	(LC)	(FX)	(LC)	(FX)	(LC)	(FX)	(LC)	(FX)	(LC)	(FX)	(LC)
Technical Assistance	395	-	-	1,500	1,019	-	-	18,932	1,414	-	-	20,432
Training	66	160	-	40	277	256	-	160	343	416	-	200
Commodities/Supplies	995	150	521	131	1,033	30	1,041	260	2,028	180	1,562	391
Construction	-	-	-	-	950	-	-	-	950	-	-	-
Contingency	145	31	-	-	328	29	-	-	472	60	-	-
TOTAL	1,601	341	521	1,671	3,607	315	1,041	19,352	5,207	656	1,562	21,023

U.S. GOVERNMENT PRINTING OFFICE : 1980 O—55-973